

Utah Department of Corrections – In-Person Visitor Consent and Disclosure Form

Inmate/Visitor Information

Inmate Name (Last, First, Middle)	Inmate Number
Visitor Name (Last, First, Middle)	Visitor Phone Number
Visitor Email	
<u>Failure to answer the following questions will result in your visit being denied.</u>	
1. Have you been out of the country in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been around anyone with COVID-19 in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you experienced any common COVID-19 symptoms in the last 14 days? <i>Examples include: cough, sore throat, shortness of breath, lost sense of taste/smell, etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will you allow your temperature to be taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you wear a mask for the duration of your visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you agree to have <u>NO</u> physical contact of any kind with the offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, you certify all the information above is correct, and you agree to follow the visiting rules and all officer directions:

Printed Name	Signature	Date:

Officer Section:

Officer Comments:		Visitor Temp:
Officer Name:	Officer Signature:	Date: